

471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in hearing aid policy and billing guidance.

- 471 NAC, Chapter 8 -- Hearing Aids at <http://www.dhhs.ne.gov/reg/t471.htm>
- Provider Bulletins at <http://www.dhhs.ne.gov/med/pb/>

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.
For policy issues, email the hearing aids program specialist, mike.laughlin@nebraska.gov.

Procedure codes are listed numerically and indicate coverage, maximum payment amount and special billing instructions. Codes covered by Medicaid are in bold print. Payment will be the lower of the maximum allowable amount or the provider's submitted charge.

Submitted charge for batteries must reflect provider's usual /customary charge to general public.

Medicaid doesn't pay for provider's mileage or postage, or supplier's shipping and handling.

SPECIAL PRICING - Certain procedure codes will not have a predetermined allowable fee. Maximum payment amount is \$695.93 per aid unless prior authorization indicates a higher authorized amount based on exceptional medical need.

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) is required for review and pricing.
- B. "IC" (Invoice Cost) - Paid at invoice cost, up to maximum allowable (\$692.47 per aid). An invoice must be attached to the claim and must reflect factory cost minus any discounts.

MODIFIERS

The RP modifier is obsolete. Use the following modifiers with hearing aid replacements or repairs:

When billing a replacement hearing aid, use an RA modifier with the appropriate hearing aid code. Provider must submit a prior authorization request before dispensing or billing a replacement aid, regardless of amount to be billed for the aid. (The \$500 threshold rule for prior authorizations doesn't apply to replacement aids.) When billing, submit the actual cost invoice.

When billing a dispensing fee for a replacement aid, use the RA modifier with V5160 or V5241.

When billing a part in conjunction with a repair to a hearing aid, or when billing an outside-lab's actual cost invoice for a repair to a hearing aid, continue to use V5014 without a modifier.

When billing a dispensing fee in conjunction with a repair to a hearing aid, or with an outside-lab's actual cost invoice for a repair to a hearing aid, use the RB modifier with V5160 or V5241.

HEARING SERVICES V5000 – V5999

MODIFIERS

| | |
|----|--|
| RR | monthly rental |
| KR | daily rental |
| RA | replacement under loss and damage coverage |
| RB | repair (see page 1) |

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>FEE</u> | <u>BILLING NOTES</u> |
|--------------|--|------------|--|
| V5008 | Hearing screening | ---- | hospital service only |
| V5010 | Assessment for hearing aid | ---- | in dispensing fee |
| V5011 | Fit/orientation/check of aid | ---- | in dispensing fee |
| V5014 | Repair/modification of aid | IC | prior auth. over \$150 |
| V5020 | Conformity evaluation | \$20.68 | |
| V5030 | Hearing aid, monaural, body worn, air conduction | IC | invoice with claim |
| V5040 | Hearing aid, monaural, body worn, bone conduction | IC | invoice with claim |
| V5050 | Hearing aid, monaural, in the ear | IC | invoice with claim |
| V5060 | Hearing aid, monaural, behind the ear | IC | invoice with claim |
| V5070 | Glasses, air conduction | IC | invoice with claim |
| V5080 | Glasses, bone conduction | IC | invoice with claim |
| V5090 | Dispensing fee, unspecified hearing aid | ---- | use V5160, V5241 |
| V5095 | Semi-implantable middle ear hearing prostheses | ---- | not covered |
| V5100 | Hearing aid, bilateral, body worn | IC | invoice with claim |
| V5110 | Dispensing fee, bilateral | ---- | use V5160 |
| V5120 | Binaural, body | IC | single dispensing fee |
| V5130 | Binaural, in the ear | IC | invoice with claim |
| V5140 | Binaural, behind the ear | IC | invoice with claim |
| V5150 | Binaural, glasses | IC | invoice with claim |
| V5160 | Dispensing fee, binaural | \$532.36 | RA/RB modifier for replace or repair (\$104.01) |
| V5170 | Hearing aid, CROS, in the ear | ---- | use V5050 |
| V5180 | Hearing aid, CROS, behind the ear | ---- | use V5060 |
| V5190 | Hearing aid, CROS, glasses | ---- | use V5070 |
| V5200 | Dispensing fee, CROS | ---- | use V5241 |
| V5210 | Hearing aid, BICROS, in the ear | ---- | use V5130 |
| V5220 | Hearing aid, BICROS, behind the ear | ---- | use V5140 |
| V5230 | Hearing aid, BICROS, glasses | ---- | use V5150 |
| V5240 | Dispensing fee, BICROS | ---- | use V5160 |
| V5241 | Dispensing fee, monaural hearing aid, any type | \$266.19 | RA/RB modifier for replace or repair (\$52.01) |
| V5242 | Hearing aid, analog, monaural, CIC | ---- | not covered |
| V5243 | Hearing aid, analog, monaural, ITC | ---- | not covered |
| V5244 | Hearing aid, digitally programmable analog, monaural, CIC | ---- | not covered |

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>FEE</u> | <u>BILLING NOTES</u> |
|--------------|---|------------|--|
| V5245 | Hearing aid, digitally programmable analog, monaural, ITC | ---- | not covered |
| V5246 | Hearing aid, digitally programmable analog, monaural, ITE | ---- | use V5050 |
| V5247 | Hearing aid, digitally programmable analog, monaural, BTE | ---- | use V5060 |
| V5248 | Hearing aid, analog, binaural, CIC | ---- | not covered |
| V5249 | Hearing aid, analog, binaural, ITC | ---- | not covered |
| V5250 | Hearing aid, digitally programmable analog, binaural, CIC | ---- | not covered |
| V5251 | Hearing aid, digitally programmable analog, binaural, ITC | ---- | not covered |
| V5252 | Hearing aid, digitally programmable binaural, ITE | ---- | use V5130 |
| V5253 | Hearing aid, digitally programmable binaural, BTE | ---- | use V5140 |
| V5254 | Hearing aid, digital, monaural, CIC | ---- | not covered |
| V5255 | Hearing aid, digital, monaural, ITC | ---- | not covered |
| V5256 | Hearing aid, digital, monaural, ITE | ---- | use V5050 |
| V5257 | Hearing aid, digital, monaural, BTE | ---- | use V5060 |
| V5258 | Hearing aid, digital, binaural, CIC | ---- | not covered |
| V5259 | Hearing aid, digital, binaural, ITC | ---- | not covered |
| V5260 | Hearing aid, digital, binaural, ITE | ---- | use V5130 |
| V5261 | Hearing aid, digital, binaural, BTE | ---- | use V5140 |
| V5262 | Hearing aid, disposable, any type, monaural | ---- | not covered |
| V5263 | Hearing aid, disposable, any type, binaural | ---- | not covered |
| V5264 | Ear mold/insert, not disposable, any type | IC | not for impressions, (see V5275) |
| V5265 | Ear mold/insert, disposable, any type | ---- | not covered |
| V5266 | Battery for use in hearing device | \$1.04 | |
| V5267 | Hearing aid supplies/accessories | BR | prior authorize over \$150 |
| V5268 | Assistive listening device, telephone amplifier, any type | ---- | not covered |
| V5269 | Assistive listening device, alerting, any type | ---- | not covered |
| V5270 | Assistive listening device, television amplifier any type | ---- | not covered |
| V5271 | Assistive listening device, television caption decoder | ---- | not covered |
| V5272 | Assistive listening device, TDD | ---- | not covered |
| V5273 | Assistive listening device for use with cochlear implant | BR | prior authorize |
| V5274 | Assistive learning device, not otherwise specified | ---- | FM system not covered |
| V5275 | Ear impression, each | ---- | in dispensing fee, use only For replacement ear mold (\$20.00) |
| V5298 | Hearing aid, not otherwise classified | IC | e.g. Pocket Talker |
| V5299 | Hearing service, miscellaneous | BR | Prior authorize over \$150 |